TURLOCK POLICE DEPARTMENT
APPLICATION FOR PUBLIC DANCE HALL / PUBLIC DANCE PERMIT

A symbol of office and badge of honor.

OFFICE USE ONLY

Zoning Approval:
Yes_____No_____

Occupancy Inspection Approval:
Yes_____No_____

OFFICE USE ONLY

Application Received _____
Fees Paid _____ _____
Amount Date
Fingerprint Appointment _____ _____
Date Time
Status of Application _____
Date
Permit Valid _____/_____
Date to Date

I hereby submit my application for a permit under TMC 3-1.603, Dance Permit Regulations:

Name of Business: _____

Address of Business: _____

Phone Number of Business: _____

Applicant Name: _____ DOB: _____
Last First Middle

Aliases, or Other Names Used: _____ Sex: Male ☐ Female ☐

Address: _____
Number Street City Zip Code

Prior Addresses: _____
(List for past 3 years) Number Street City Zip Code

Phone: _____ _____ _____
Home Cell Msg/Other

California Driver's License No./ID Card No.: _____

Physical Description: _____ _____ _____ _____ _____
Height Weight Hair Color Eye Color Scars / Marks / Tattoos

If a corporation or partnership, names, addresses, CDL / CID number of all officers, directors, or partners. (Use additional paper if necessary.)

_____ _____

_____ _____

If unincorporated association, names of all principals. (Use additional paper if necessary.)

_____ _____

_____ _____

Address, City, State, and approximate dates where and when the applicant(s) conducted a similar business, either alone or in conjunction with others:

_____ _____

_____ _____

Have you or any of the other involved parties ever been convicted, including nolo contendere, served a jail sentence, or been placed on probation or parole after committing a felony or a misdemeanor? (You may exclude minor traffic offenses.) Yes ☐ No ☐

If you answered yes, list the nature of the conviction(s), date(s), and city and state where violation(s) occurred. (Note: Prior convictions will not necessarily exclude applicants from being issued a permit.) _____

_____

Name(s) and address(es) of the real property owner(s) of the place or premises in or at which the dances will be held.

_____

Name Street City Zip Code Telephone

List the person (s) who will be in charge of, and be responsible for the order and due observance of the provisions of the dance permit as specified in the Turlock Municipal Code:

_____

Name Address Contact Number CDL/CID Number

Description of premises:

_____

_____

_____

List the days and hours of operation for the dance, or the date and hours for which the permit is desired:

TIME	MON	TUE	WED	THUR	FRI	SAT	SUN
START							
END							

Estimate average number of attendance:_____Building Capacity_____

Type or motif of dance:_____

Live Music: Yes___ No____

Alcoholic Beverages: Yes___ No____

Alcoholic Beverage Control License Number:_____Expires_____

To be read and signed by the applicant(s), directors, partners, principals of unincorporated associations, and manager:

I attest that I/we am/are the sole party / parties either directly or indirectly interested in the dance hall / dance event permit for which this permit is sought, and that no other person or entity is or will be in any manner interested therein, directly or indirectly, during the continuance of the permit. I further attest and certify, under the penalty of perjury, that by signing and submitting this application, all of the statements contained herein are true and correct and that I have not omitted or concealed any material facts. I understand that knowingly making a false statement, or concealing or omitting any material fact, may result in the denial of a permit to operate a dance hall. I further understand that knowingly making a false statement, or concealing or omitting any material fact, may cause the revocation or suspension of an existing permit, and / or criminal action. I have been provided a copy of, and have read and understand, the Turlock Municipal Code Sections regarding dance permits.

Signature:_____Date:_____

Signature:_____Date:_____

Signature:_____Date:_____

Signature:_____Date:_____

Signature:_____Date:_____

Return this completed application and all supporting documentation to:

Turlock Police Department
900 North Palm
Turlock, CA 95380

CITY OF TURLOCK
TURLOCK POLICE DEPARTMENT

RELEASE AND WAIVER

To Whom It May Concern:

I hereby permit any authorized representative of Turlock Police Department bearing this release (or a copy of it) to obtain any information in your files pertaining to my arrest or criminal records.

Consent is granted for Turlock Police Department to obtain and utilize the information described above in the course of fulfilling its official responsibilities. I understand that I waive any right or opportunity to read or review any background investigation report prepared by Turlock Police Department, and I further understand that these reports are confidential.

I hereby release you, as the custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, associates or assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me.

A photocopy of this release is as valid as an original.

Date: _____

Signature: _____

Print Name: _____

Date of Birth: _____ Telephone: _____

Address: _____

For Turlock Police Department Only

WITNESS: _____ Date: _____